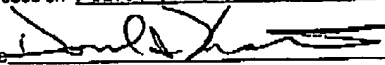
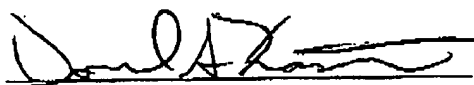


PTO/SB/31 (02-01)

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 53116/4355	
I hereby certify that this correspondence is being transmitted to the U.S. Patent and Trademark Office via facsimile to fax no. 703-872-9306 on <u>February 24, 2004</u> Signature <u></u> Typed or printed name <u>Daniel S. Kasten</u>		In re Application of Curtiss et al. <hr/> Application Number <u>09/560,539</u> Filed <u>04/28/00</u> <hr/> For Regulated Antigen Delivery System <hr/> Group Art Unit <u>1645</u> Examiner <u>Navarro, A.M.</u>	
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ <u>330.00</u> . <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>28-0823</u> . I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____ <div style="text-align: right; margin-top: 20px;">  Signature <u>Daniel S. Kasten</u> Typed or printed name <u>February 24, 2004</u> Date </div>			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.			

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